United States Courts Southern District of Texas FILED

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

with the full list of names. Do not include addresses here.)

MAR 3 0 2021

# UNITED STATES DISTRICT COURT

for th		Nathan Ochsner, Clerk of Court
•	Division	
	Case No.	
David Wayne Mearis		(to be filled in by the Clerk's Office)
Plaintiff(s)  (Write the full name of each plaintiff who is filing this complaint.  If the names of all the plaintiffs cannot fit in the space above,  please write "see attached" in the space and attach an additional  page with the full list of names.)		
-v- )		
Harris County Sheriff's Dept etal		
Defendant(s)  (Write the full name of each defendant who is being sued. If the  names of all the defendants cannot fit in the space above, please  write "see attached" in the space and attach an additional page		

## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

#### NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

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	Parties to This Complaint			•
A.	The Plaintiff(s)			
	Provide the information below for needed,	each plaintiff named in the	complaint. Attach	additional pages if
	Name			
	All other names by which			
	you have been known:			
	ID Number			
	Current Institution			
	Address			
		City	State	Zip Code
B.	The Defendant(s)			
	the person's job or title (If known) a individual capacity or official cap  Defendant No. 1	acity, or both. Attach addit	ringing this compla ional pages if neede	int against them in thei d.
	the person's job or title (if known) a individual capacity or official cap	nd check whether you are bacity, or both. Attach addit  Haccis Count  1200 Bal  Houston  City	ringing this complational pages if needer Sheriff  Ker Stree  TX  State	int against them in thei d.  Signal Depter  77002  Zip Code
	the person's job or title (If known) a individual capacity or official cap  Defendant No. 1  Name  Job or Title (If known)  Shield Number  Employer	nd check whether you are bacity, or both. Attach addit  Haccis Count  1200 Both  Houston	ringing this complational pages if needer Sheriff  Ker Stree  TX  State	int against them in thei d.  Signal Depter  77002  Zip Code
	the person's job or title (If known) a individual capacity or official cap  Defendant No. 1  Name  Job or Title (If known)  Shield Number  Employer	nd check whether you are bacity, or both. Attach addit  Haccis Count  1200 Bal  Houston  City	ringing this complational pages if needer Sheriff  Ker Stree  TX  State	int against them in thei d.  Signal Depter  77002  Zip Code
	the person's job or title (If known) a individual capacity or official cap  Defendant No. 1  Name Job or Title (If known)  Shield Number  Employer  Address  Defendant No. 2  Name	nd check whether you are bacity, or both. Attach addit  Haccis Count  1200 Bal  Houston  City	ringing this complational pages if needer Sheriff  Ker Stree  TX  State	int against them in thei d.  Signal Depter  77002  Zip Code
	the person's job or title (If known) a individual capacity or official capacity or Title (If known)  Shield Number Employer Address  Defendant No. 2  Name Job or Title (If known)	nd check whether you are bacity, or both. Attach addit  Haccis Count  1200 Bal  Houston  City	ringing this complational pages if needer Sheriff  Ker Stree  TX  State	int against them in thei d.  Signal Depter  77002  Zip Code
	the person's job or title (If known) a individual capacity or official cap Defendant No. 1 Name Job or Title (If known) Shield Number Employer Address  Defendant No. 2 Name Job or Title (If known) Shield Number	nd check whether you are bacity, or both. Attach addit  Haccis Count  1200 Bal  Houston  City	ringing this complational pages if needer Sheriff  Ker Stree  TX  State	int against them in thei d.  Signal Depter  77002  Zip Code
	the person's job or title (If known) a individual capacity or official capacity or Title (If known)  Shield Number Employer Address  Defendant No. 2  Name Job or Title (If known)	nd check whether you are bacity, or both. Attach addit  Haccis Count  1200 Bal  Houston  City	ringing this complational pages if needer Sheriff  Ker Stree  TX  State	int against them in thei d.  Signal Depter  77002  Zip Code

		Defendant No. 3			
	•	Name			
		Job or Title (If known)			
		Shield Number		<del></del>	
		Employer			
		Address			
			City	Siaie	Zip Code
	*	-	Individual capacity	Official capacity	ip cour
		Defendant No. 4			
		Name			
		Job or Title (if known)			
	,	Shield Number			
		Employer			
		Address			
					7: 0
			City	State	Zip Code
			Individual capacity	Official capacity	
ı.	Basis	for Jurisdiction			
	immu <i>Feder</i>	r 42 U.S.C. § 1983, you may sue st mities secured by the Constitution and Bureau of Narcotics, 403 U.S. 3 itutional rights.	and [federal laws]." Under <i>Biv</i>	ens v. Six Unknown Na	med Agents of
	Α.	Are you bringing suit against (cl	neck all (hat apply);		
		Federal officials (a Bivens	claim)		
		State or local officials (a §	1983 claim)		
	В.	Section 1983 allows claims alle the Constitution and [federal law federal constitutional or statutor	vs]." 42 U.S.C. § 1983. If you	ı are suing under section	n 1983, what
		•			
		5th, 6th, 8th	amendments a	of U.S. Con	istitution
	C.	Plaintiffs suing under Bivens ma are suing under Bivens, what co officials?			

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	D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any
	D.	statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia."  42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under Bivens, explain how each defendant acted under color of federal law. Attach additional pages if needed.  I don't fully understand what's being asked here, but will try to answer. The D.D's involved all worked for the sheriff's dept. While in performance of their duties they violated my rights. They (D.O's) also allowed, or instructed another immate to sexually assault me.
HI.	Prisor	er Status
	Indica	te whether you are a prisoner or other confined person as follows (check all that apply):
		Pretrial detainee
		Civilly committed detainee
		Immigration detainee
		Convicted and sentenced state prisoner
		Convicted and sentenced federal prisoner
		Other (explain)
IV.	Statem	ent of Claim
	alleged further any cas	briefly as possible the facts of your case. Describe how each defendant was personally involved in the wrongful action, along with the dates and locations of all relevant events. You may wish to include details such as the names of other persons involved in the events giving rise to your claims. Do not cite es or statutes. If more than one claim is asserted, number each claim and write a short and plain at of each claim in a separate paragraph. Attach additional pages if needed.
	A.	If the events giving rise to your claim arose outside an institution, describe where and when they arose.
	В.	If the events giving rise to your claim arose in an institution, describe where and when they arose.  At the 1200 Baker st. Jail in Harris County, TX. Incident occured in the Medical area holding cell #4, between Ground 7pm-3am on 1-22-21-1-23-21.

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C.	What date and approximate time did the events giving rise to your claim(s) occur?				
	1-22-21-1-23-21	between	Tpm	and 3 am	

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

\*\*See affached grievance copy\*\*

### V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive. Swollen wrist and hands, with burning and tingling pain in those areas. Back pain, mental anguish, depression anxiety and parinoia. Was given medication for the back pain but officers and medical refused to acknowledge what happened to me or document my injuries that occured because of the restraints. I asked them to multiple times. The burning and tingling may be permenant nerve damage. The tingling stopped but came back the but the burning pain has not abouted at all.

#### VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

In actual damages, I million dollars in punitive damages.

The \$550,000 includes pain and suffering!

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VII.	l. Exhaustion of Administrative Remedies Administrative Procedures				
	son Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought spect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined all, prison, or other correctional facility until such administrative remedies as are available are led."				
	Administrative remedies are also known as grievance procedures. Your case may be dismissed if you hat exhausted your administrative remedies.				
	A.	Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?  Yes			
-	,	□ No			
		If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).			
		Harris County Joil, Houston, TX			
	В.	Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?			
		V Yes			
		□ No			
		Do not know			
	<b>C.</b>	Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?			
		Yes			
		□ No			
		Do not know			
		If yes, which claim(s)?			

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D.	Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?
	✓ Yes
	□ No
	If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?
	Yes
	□ No
E.	If you did file a grievance:
	1. Where did you file the grievance? At the Harris County Jail on 1200 Baker St. Houston
	Texas 77002.
	2. What did you claim in your grievance of see attached grievance copyth
	I was also told by the investigator that two other inmates had entered while I was cuffed and shackled but they were escerted.
	The door was always locked so the inmote that assaulted me had to have been let in by officers.
	3. What was the result, if any? The grievances were refered to the internal affairs department. I have had no other contact. Before they were
	Sent to internal attairs I was interviewed by the Pres
	investigator about the sex assault. He stated on that day that the visco cooberated what I said about the sex assault.
	4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)  After the 15 day timeline given in the hand book I sent on
	After the 15 day timeline given in the hand book I sent on appeal that was never responded to. I was told because the grievances were sent to Internal Affairs, there was no need to file an appeal. Kee attached documents.

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	F.	If you did not file a grievance:  1. If there are any reasons why you did not file a grievance, state them here:			
		2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:			
	G.	Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. If See affoched documents #			
		(Note: You may attack as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)			
VIII.	Previou	us Lawsults			
	the filir brought malicio	The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility tought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous nalicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent anger of scrious physical injury." 28 U.S.C. § 1915(g).			
	To the	he best of your knowledge, have you had a case dismissed based on this "three strikes rule"?			
	Ye	Yes			
	U No	No No			
	If yes,	state which court dismissed your case, when this occurred, and attach a copy of the order if possible.			

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Α,	Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?
	Yes
	A No
В.	If your answer to A is yes, describe each lawsuit by answering questions I through 7 below. (If there more than one lawsuit, describe the additional lawsuits on another page, using the same format.)
	1. Parties to the previous lawsuit
	Plaintifī(s)
	Defendant(s)
•	2. Court (if federal court, name the district; if state court, name the county and State)
-	3. Docket or index number
	4. Name of Judge assigned to your case
	5. Approximate date of filing lawsuit
	6. Is the case still pending?
	Yes
	□No
	If no, give the approximate date of disposition.
	<ol> <li>What was the result of the case? (For example: Was the case dismissed? Was fudgment entered in your favor? Was the case appealed?)</li> </ol>
C.	Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your

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	Ycs
•	☐ No
D.	If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)
	1. Parties to the previous lawsuit  Plaintiff(s) David W. Wegris  Defendant(s) Danica Guillory
	2. Court (if federal court, name the district; if state court, name the county and State)  Southern district of Texas
	3. Docket or index number  4:19-CV-00528
	4. Name of Judge assigned to your case
•	5. Approximate date of filing lawsuit  2-12-19
	6. Is the case still pending?  Ves DWM  No
	If no, give the approximate date of disposition Unknown
	7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?) Unknown.  I sent many letters notifying the court my address had a but never recieved any response.

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# IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, 1 certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

## A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

	Date of signing: 3-24-21					
	Signature of Plaintiff Printed Name of Plaintiff Prison Identification # Prison Address	David W. Mear 01823344 1200 Baker street				
		Houston	State	77002 2ip Code		
ß.	For Attorneys  Date of signing:					
	Signature of Attorney Printed Name of Attorney		and the second s			
	Bar Number		• • • • • • • • • • • • • • • • • • • •			
	Name of Law Firm Address					
		City	State	Zip Code		
	Telephone Number		···········			
	E-mail Address					

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HARRIS COUNTY SHERIFF'S OFFICE JAIL

Name: David W. Mearis

SPN: 01823344 Cell: 252

Street 1200 Baker street

HOUSTON, TEXAS 77002

aramark

United States County
Southern Downton of States
File P

MAR 3 0 2021



INDIGENT

David J Bradley Clerk of Court P.O. Box 61010

Houston, TX 77208